

# MULTIPLE DEPENDENT LAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4		2				
5						
6						
7		2				
8						
9						
10						
11						
12	1					
13						
14						
15						
16						
17		2				
18						
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21						
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23						
24						
25						
26						
27	1					
28						
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30						
31	1					
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48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	31					
TOTAL CLAIMS	35					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						